

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

05 OF DEATH AND 31 RESIDENCE 1- CEDENT 1 PERSONAL DATA 167 7 455	1. PLACE OF DEATH A. COUNTY <u>GRAHAM</u>		B. LENGTH OF STAY IN THIS TOWN <u>50 yrs</u> IN ARIZONA <u>50 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>ARIZONA</u> B. COUNTY <u>GRAHAM</u>	
	C. CITY OR TOWN <u>Pima</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Pima</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1/4 Mi. West of Pima</u>
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>PRESSIE</u> B. (MIDDLE) <u>RACHEL</u> C. (LAST) <u>COOK</u>		4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>		
6B. NAME OF SPOUSE <u>THELMA COOK</u>		7. DATE OF BIRTH MONTH <u>OCT</u> DAY <u>12</u> YEAR <u>1889</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>67</u>		
9B. KIND OF BUSINESS OR INDUSTRY <u>Auto</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>KANSAS</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
14A. FATHER'S NAME <u>UNKNOWN</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>UNKNOWN</u>		15A. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		
16. INFORMANT'S SIGNATURE <u>Thelma Cook</u>		17. DATE OF DEATH (MONTH) <u>APRIL</u> (DAY) <u>28</u> (YEAR) <u>1955</u>		13. SOCIAL SECURITY NO. <u>467-18-3308</u>		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>1. (A) (B) (C)</u> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>(A) Bronchogenic carcinoma</u> DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Dec 20</u> , 19 <u>54</u> , TO <u>4/28/55</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>4/28</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>1 P</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE <u>J. P. Nelson</u>		22B. ADDRESS <u>5035th St</u>		22C. DATE SIGNED <u>4/30/55</u>		
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED		
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>May 1, 1955</u>		25C. NAME OF CEMETERY OR CREMATORY <u>PIMA CEMETERY</u>		
26A. DATE REC. BY LOCAL REG. <u>2/3/55</u>		26B. REGISTRAR'S SIGNATURE <u>J. P. Nelson</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Safford</u>		
26C. ADDRESS <u>SAFFORD ARIZ</u>		26D. ADDRESS <u>SAFFORD ARIZ</u>		26E. ADDRESS <u>SAFFORD ARIZ</u>		